

IN THE UNITED STATES DISTRICT COURT FOR
THE WESTERN DISTRICT OF PENNSYLVANIA

LEROY RILEY

plaintiff

F I L E D

CIVIL ACTION #.05-172 Erie

vs.

'06 FEB 28 10:41

CHARLES M. SIMPSON, et al.;
defendants

CLERK

MOTION TO COMPEL DISCOVERY
PLAINTIFF FIRST REQUEST FOR PRODUCTION
OF DOCUMENTS

Plaintiff Leroy Riley, pro se, request defendants, to respond in 30 days;

Pursuant to Rule 34(b) and 37(a) of Fed.R.Civ.p. plaintiff request that defendants, Charles M. Simpson, Kerri Cross, David McCoy, Charles Shane, Mr. Gaston, and or the employers, Pennsylvania Department of Corrections, to provide and produce for inspection and copying the following documents:

1. Address, direction of service for each defendant, per Court Order dated January 17, 2006.

2. It is acceptable to have the defendants address, direction of service provided to the U.S. Marshals Service Western District 241 U.S. Court House 7th and Grant st, Pittsburgh, Pa 15219.

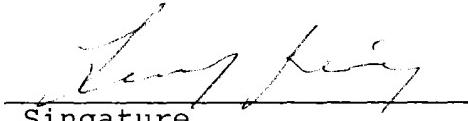
3. If so please complete the enclosed U.S.M. 285 (s) for each defendant:

4. if so desire forward to the plaintiff at SCI Forest P.O. Box 945, Marienville Pa, 16239.

5. Also needed for service is the full and correct name of correctional officer Mr. Gaston, last none place of employment Western State Prison, Pittsburgh, Pa.

Date: 2/8/06

SCI Forest, P.O. Box 945
Marienville, Pennsylvania.


Signature

UNSWORN DECLARATION

I, Jerry R. Lee, do hereby verify that the facts set forth in the herein Post Sentence Motion To Reconsider Sentence are true and correct to the best of my information and belief, and that any false statements herein are made subject to the penalties of Section 4904 of the Crimes Code (18 P.A.C.S.A. § 4904), relating to unsworn falsification to authorities.

NO NOTARY REQUIRED

Jerry R. Lee

2/8/06

PROOF OF SERVICE

I Leroy Riley, Hereby verify that I am this day serving
a true and correct copy of the herein Motion to Compel
to the parties listed below and in the manner indicated:

Chief Counsel

Dept of Correction

2520 Lishburn Road

Camp Hill, Pa 17001

Deputy Secretary Western

John M. McCulloch

Dept of Correction

2520 Lishburn Road

Camp Hill, Pa 17001

SERVICE U.S. MAIL AT SCI FOREST ONE WOODLAND DRIVE

MARIENVILLE PA 19138

Susan Paradise Baxter

U.S. Marshals

Chief U.S. Magistrate Judge

Western District

U.S. District Court

241 U.S. District

Western District of Pa

7th Grant St

17 South Park Row 2m 2000

Pittsburgh, Pa

Erie, Pa 16501

15219

Dated;

2/8/06

Signature;

Leroy Riley



U.S. Department of Justice

United States Marshals Service

Western District of Pennsylvania

*241 U.S. Post Office and Courthouse
7th Avenue and Grant Street
Pittsburgh, PA 15219*

January 25, 2006

*Leroy Riley, FQ-8672
SCI Forest
P.O. Box 945
Marienville, Pa. 16239-0945*

Dear Mr./Ms. Riley,

Per Court Order dated 01/17/06 for case no. CAE05-0172 you are required to provide the U.S. Marshals Service with directions for service of each defendant. Please complete the enclosed U.S.M. 285(s)- for each of defendant(s) Simpson, Cross, McCoy, Shane, and Gaston and return it/them as soon as possible. Please ensure that each form is completed with proper and correct names and addresses. Facilities, Companies and/or Individuals will not accept service for an unknown or John or Jane Doe.

If you fail to return the correct and completed enclosed form(s) in the self-addressed envelope we have provided for you, we will be unable to complete service for you.

Sincerely,

*THOMAS M. FITZGERALD
UNITED STATES MARSHAL
WESTERN DISTRICT OF PENNSYLVANIA*

A handwritten signature in cursive ink that reads "Sheila Blessing".

*By: Sheila Blessing
Administrative Support Assistant
United States Marshals Service
Western District of Pennsylvania*

ENCLOSURES

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF	COURT CASE NUMBER
DEFENDANT	TYPE OF PROCESS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT CHARLES M. SIMPSON ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
<input type="checkbox"/>	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
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Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment. If any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF	COURT CASE NUMBER
DEFENDANT	TYPE OF PROCESS

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT { KERRI CROSS
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
	Number of parties to be served in this case
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Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

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I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including <i>endeavors</i>)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF	COURT CASE NUMBER
DEFENDANT	TYPE OF PROCESS

SERVE  NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT DAVID MCCOY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

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I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including <i>endeavors</i>)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

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3. NOTICE OF SERVICE
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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF	COURT CASE NUMBER
DEFENDANT	TYPE OF PROCESS

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT } CHARLES M. SHANE
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
<input type="checkbox"/>	Number of parties to be served in this case
<input type="checkbox"/>	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

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Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

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Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (<i>complete only different than shown above</i>)	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF	COURT CASE NUMBER
DEFENDANT	TYPE OF PROCESS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
MR. GASTON
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
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Service Fee	Total Mileage Charges including <i>endeavors</i>)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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